Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	04/26/2010	Address:	<u>849 EAST ST.</u>
Case #:	<u>42F30463</u>		MADISON, IN.
County:	<u>JEFFERSON</u>		
Type of Laboratory Seizure (check one) Operational Lab		Seizure Location (check all that apply) Residence Hotel/Motel	
	cal/Glassware/Equipment (only) ite (only)	○ Outbuilding○ Vehicle	☑ Open – No Structure☐ Other:
Items Found: Location (bedroom, kitchen, open air, etc) (check all that apply) Lithium/Ammonia Reaction(s): Red Phosphorous/Iodine Reaction(s): Flammable Solvents: IN GARAGE/RESIDENCE Water Reactive Metal (Lithium): Anhydrous Ammonia: Hydrochloric Acid Gas Generator(s): IN GARAGE Corrosive Acid: IN GARAGE/RESIDENCE Corrosive Base: Other (item and location):			
Yes No *If yes, fax r	er age 18 discovered (check one) (number present) eport to Child Protective Services	Ephedrin Retail/M Other:	
This report is to be faxed to the following agencies that serve the location:			
Fire Depar	tment: MADISON FIRE	Fax: <u>812-265-8350</u> Fax: <u>812-273-1955</u>	
Health Department: <u>JEFFERSON CO.</u>		Fax: 812-2	 ;
Child Prot	ection Service: <u>JEFFERSON CO.</u>		
For further information regarding this methamphetamine laboratory, contact			

Investigating Officer: MARTIN A. MEAD Phone 812-522-1441

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.